



Wisconsin Department of Agriculture, Trade & Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4503

Case ID Number:

Atrazine Use Area Inspection (Section 94.67 – .71, Wis. Stats.)

Information to Collect

Identify a field to inspect where atrazine has been used within a use area. Please provide the size of the field and a brief description of the method(s) used to select this field (dealer records, etc.).

Operator Name

Operator Address

City and Zip Code

County Name

Pesticide Applicator(s) Name(s)

Pesticide Applicator(s) Certification Number(s)

List crops grown on the selected field over the last three years, by year.

List herbicides used on the selected field over the last three years, by year (commercially and non-commercially applied).

Is the operator aware that there are additional restrictions on the use of atrazine in Wisconsin beyond the federal product labels? Yes No

Is the operator aware that atrazine is contained in many pesticide products (i.e. Lumax)? Yes No

Is atrazine used only on agricultural crops as defined in ATCP 30.31(1)? Yes No

Is atrazine applied only between April 1 and July 31 in accordance with ATCP 30.31 (2)? Yes No

Use of atrazine with irrigation according to ATCP 30.31(3)

- Is any product that contains atrazine applied through an irrigation system? Yes No
 No irrigation present
- Does the person who controls any irrigation system at the field follow an irrigation management program as required in ATCP 30.31(3) (b)? Yes No No irrigation present

If yes, briefly describe the irrigation management program.

Use and mixing-loading by certified applicators and mixer-loaders only according to ATCP 30.31 (4)

- Is atrazine product only applied by a certified private applicator or by a person who is certified as a commercial applicator in the appropriate use category under ATCP 29.16? Yes No
- Is atrazine product only mixed or loaded by a certified private applicator or by a person who is certified as a commercial applicator or mixer-loader in the appropriate pesticide use category under ATCP 29.16? Yes No
- Does mix-loading of atrazine occur within a Prohibition Area (PA) defined in ATCP 30? Yes No
- If yes, is mix-loading done over a spill containment surface defined under ATCP 29.45? Yes No

Record Keeping (ATCP 30.31 (5)). Does the person who applies atrazine product keep a record of every application of atrazine product including:

- The name of the person who applied the atrazine product? Yes No
- The name and address of the person for whom the atrazine was applied if different from the person who applied the atrazine product? Yes No
- The location of the site where the atrazine was applied? Yes No
- The date and time of the application? Yes No
- The brand name of the atrazine product? Yes No
- The name of the labeler of the atrazine product or the EPA registration number? Yes No
- The rate of the application and the total area treated? Yes No
- The location of the site, if other than the site of application, where the atrazine product was loaded into the application equipment or nurse tank? Yes No
- A map of the field as required under ATCP 30.32 if the field is subdivided into smaller application sites and different amounts of atrazine product are applied to the different sites? Yes No

Does the person who applies atrazine retain these records for three years and make them available to the department if requested? Yes No

If any product(s) containing the active ingredient atrazine were used on the field in the last three years, please provide the dates and rates of application (pounds or gallons of atrazine product per acre or pounds of atrazine active ingredient per acre if known).

Maximum application rates. Is atrazine applied at rates not exceeding the limits specified in ATCP 30.32? (note: the maximum application rates in ATCP 30.32 are stated in pounds of atrazine active ingredient per acre per year.) Yes No

What is the surface soil texture at the field according to the person applying atrazine products?

- Coarse Medium/Fine Doesn't know

How did the person applying the atrazine product determine the surface soil texture in the field?

- soil map soil sample other, please specify _____

Has the field received a rescue treatment of atrazine in the last three years (see ATCP 30.30 (19) and 30.32 (3))?

- Yes No If yes, what was the total rate of atrazine applied to the field in that calendar year _____

Mixing or loading of pesticides in compliance with ATCP 29.45. Does mixing or loading of pesticides including atrazine occur at least 100 feet away from any well or surface water? Yes No

If no, does the mixing or loading occur over an approved spill containment pad? Yes No

Information to Submit with this Inspection form:

- Activity Report Cover Sheet
- Map showing the selected field. Use the ACM web mapping application to create this map.
- GPS Coordinates: Collect coordinates at the intersection of the road and field entrance and submit them electronically along with the corresponding Premise Name.
- Latitude: _____ Longitude: - _____